AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.—WRITE PL

V. S. No. 1

ID. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

1. PLACE OF DEATH			
County St. Mary			Registration Dist. No. 2-8-2
Village or City Leonard	town	md -	No. St. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	eath occurred		ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Want	1 Sailer	٦	
(a) Residence: No. Revery	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PĂRTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE  Female   White	OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yaar)	ov. 26	-1935	I last saw h alive on, 19; daath is said
7. AGE Yaars Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	sper	ma (yaars) tt in this pation	Stillbon - Last factal movement felf Mod. 23-1935 no social Reart Jla burden nov. 24 1935 - Other Contributory Caused of Importance:
I4. BIRTHPLACE (city or town) (State or country)	nglan	N.	Name of operation Data of What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Y sola	Hoce o	wife	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Man (State or country)	y Com	· l	Accident, suicide, or homicide?
(Address)	0 0	ra.	Specify whethar injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place all Saints	Date Mov	1, 28 1934	Mannar of Injury
19. UNDERTAKER OS OR (Addrass)  20. FILED 11/2 7 , 1955 COL	que	Registrar.	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify  (Signad) Claration M. D.  (Address) And Alternation M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	344
County 1 Marys	Registration Dist. No.
Village or City Leonardlanon	NoSt.,Ward
(If Length of residence in city/or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Loukh Brighton	Out
(a) Residence No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. FI HEREBY CERTIFY, That I attended decassed from 22 1935 to \$150 27 1935
6. DATE OF BIRTH (month, day, and year) / SV 22/935,	I fast saw have aliva on Mor 22 ,195 3; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data dacasad last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Chiff died of bans for 195 solutions of the Cyangle up Data of one of the Cyangle up Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Con as Closed (State or country)	Congenital ganosis. Hoodstay suppolis as
13. NAME Of asles Means 14. BIRTHPLACE (city or town) Lossas at lossas (Stata or country)	Name of operation 2004 What test confirmed diagnosis fall of Jacob Was there and advosv?
15. MAIOEN NAME Mary Sola Darnes  16. BIRTHPLACE (city or town) Leon as allow (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accidant, suicida, or homicide?
17. INFORMANT Mary Joa James (Address) Lemas atom	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plays Page Parce Plays Data 1/25, 1933	Manner of injury
19. UNDERTAKER Like Games Closes	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 11 My , 1955 Bacualier Registrar.	(Signed) (Address) Learnething M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 4 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The second secon	, canara?		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 13238
1. PLACE OF DEATH	159
County St Marys	Registration Dist. No. 28
Village or City Dameson	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?
2. FULL NAME Stanislans Biococ	If U.S. Veteran apecify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from
4 - 11 10 - 2	i last saw-han aliva on
6. DATE OF BIRTH (month, day, and year) 100 11, 1935  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
I day, 12 hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEEPER, atc	Iremeter trooth (8 months 11/4/35
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	
Q.	Other Cautributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	*
13. NAME McKing Biece	
14. BIRTHPLACE (city or town).	Name of operation Data of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME filling Lee	23. If death was due to axternal causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME hellian fee	Accident, suicide, or homicide?
▼ (Stata or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Rellian arises (Address) Dameson and	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place of Celtris Country Date Nov 12, 1932	Nature of injury
19, UNDERTAKER McKinley Risa	24. Was disaasa or injury in any way related to occupation of decaasad?
(Addrass) Ougan land	If so, specify
20. FILED how (2, 19.75 Offs Registrar.	(Signed) M. D.  (Addrass) Pout Wells Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis DEC 6 1905	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chamin interestition and all the	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

N. B.—WRITE PLAINLY.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	3	9	9	1	b	
4	U	4	U	,	ý	

1. PLACE OF DEATH	92-0
County IT. Masys	Registration Dist. No. 28/
	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Toilliam H Brs	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (wrige the word) Market Slack MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH  27  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of America Brance	22. I HEREBY CERTIFY, That I attanded deceased from 29, 1935, to 22, 1935
6. DATE OF BIRTH (month, day, and year) / - 20 - 1872  7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oata dacaasad last worked at this occupation (month and specific property). Specific profession of the p	Lalarslar huart Disease Date of onset
SAW MILL, BANK, etc.  10. Oata dacaasad last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. SAW MILL, BANK, etc.  14. Total time (years) spent in this occupation  15. SAW MILL, BANK, etc.  16. Total time (years)  17. Total time (years)  18. SAW MILL, BANK, etc.  19. Total time (years)  19. SAW MILL, BANK, etc.  10. Oata dacaasad last worked at this occupation  11. Total time (years)  12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)  13. NAME  13. NAME	
HE 13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  (Address)	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Oats of Injury, 19  Where did injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place FLAX Flaxes Oate 26,19.35	Manner of Injury
19. UNDERTAKER Thornas Harris.  (Address) Hermany lle Ind	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 2007 28, 19. 3. 5 PyBlan 11.	(Signed) (Address) Since Thills Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 8 1055	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Year)

Date of onset

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	9 ()	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 560 4 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH  County St Mary 9	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. > Sy
Village or City Chorlotte HUNGE 2FULL NAME Seeming Johnson	St.: Ward) (If death occurred I a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, MARRIED, WIDOWED. OR DIVORCED Manual (Write the word)	16 DATE OF DEATH A 2 , 1925 5
6 DATE OF BIRTH  (Modth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925 to 2 2 ,1925 that I last saw h has allve on 2 2 , 19250
7 AGE    If LESS than   I day hrs. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  Berthelace (State or country)  Sf Moss, Mal.	(Duration) yrs. mos. de  Contributory Secondary  (Duration) yrs. mos. de
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Mary & Olovy  13 BIRTHPLACE	(Signed) Joseph M. D. M.
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Mrs. Olin Caule	At place of death
(Address) Chalack Harl Mg  15 Filed 1923 5 Row J Fullowing Registrar  If more branks are needed, address Etato Registrar	20 UNDERTAKER  E. R. John Mcchauser  To 16 W. Saratogs St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Howemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foremon, For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE ("NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetahus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Sewile," etc.), "Dropsy,",
""Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# STATE OF MADVI AND CEDTIFICATE OF DEATH

-Y	STATE OF MARYLAND	CERTIFICATE OF DEATH
5	1. PLACE OF DEATH	23)
OCCUP	County It. Marys	Registration Dist. No. 282
	Village or City Cloccaldracer	NoSt.,Ward
jo 1	The complete Andrews and the second state of the second state of the second sec	f death occurred in a hospital or iostitutioo, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
neu	Original Marila	- Cartor
statemen	2. FULL NAME Miller Chiefe	- Cuorei
sta	(a) Residence: No. (Usugi place of abode)	St., Ward.  If nonresident give city or town and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
l. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DOY- 24 193 S
classified	5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
85 85 85	(or) WIFE of Seeulca Chilly	Jan 1 1085 to Dov. 24 1998
ce.	6. DATE OF BIRTH (month, day, and year) Dec. 6 1912	I last saw h_ La_alive on [
properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 = 9m.
rop	22 // 19   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be p	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	
	SAWYER, BOOKKEEPER, etc.	De National de la constant de la con
may	Q work was done as SILK MILL	() recurring venerous
on it	SAW MILL, BANK, etc	
	12, BIRTHPLACE (city or town) MA.	Other Contributory Causes of Importance:
s, so ructi	(State or country)	
terms, instri	13. NAME Die Clasel Nelly	
4	13. NAME OLD COLLEGE NO. 14. BIRTHPLACE (city or town)	Name of operation
	(State of county)	What test confirmed diagnosis? Was there an autopsy?
in pant.	15. MAIDEN NAME Pricell Cleechs	23. If death was due to external causes (VIOLENCE) fill in also the following:
'H'	[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
DEATH y import	(State or equality)	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT Aluaca Calla (Address) A Due a	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
-	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
SE	Place Kody Chaple Date 11 / 23 , 19 3	Nature of injury
CAUSE TION is	19. UNDERTAKER WILL G Macerice &	24. Was disease or injury in any way related to occupation of deceased?
1	(Address) (Collandors)	If so, specify
T	20. FILEO/1/24 , 19 35' Camalus	(Signed) March U. Cherry
1	Parists and	(Address)

V. S. No. 1

PHYSICIANS should state Every item of infor-

A PERMANENT RECORD.

WITH UNFADING INK-THIS

FOR BINDING

RGIN RESERVED

stated EXACTLY.

AGE should be

mation should be carefully supplied.

-WRITE PLANKY.

Ä ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were as	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 4 165	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	oitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAUTY, S.	July 5,1927	Peritonitis	3 days ago
	Carlo			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

V. S. No. 1

	K	
BINDING	PERMANENT	d EXACTLY
FOR	IS A	state
RGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be
V. ii. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	mation should be carefully supplied. AGE should be stated EXACTLY.

PHYSICIANS should state ECORD. Every item of infor-

Exact statement of OCCUPA-

1	SIAIL OF MARYLAI  PLACE OF PEATH	ID—CERTIFICATE OF DEATH 13243
	county Still and	(93-c)
		Registration Dist. No. 2
	Village or City Child	No. St., W (If death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred Oyrs	mos. ds How long in U.S. if of foreign birth? yrs. mos
2	FULL NAME Julia //	alu Class (Clark)
	(a) Residence: No. Rele (	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULAR	
3. S	EX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	
19	I let Indone	(Month) (Day) (Year
58.	If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased
	(or) WIFE or villea J. Clary	10-29-19370//-/- 19
6. D	DATE OF BIRTH (month, day, and year) 3 - / 3 - 6	3   I last saw h 4 aliva on / 0 - 3 ( 19 2)   death is
7. A		S than to have occurred on the date stated above, at 12-20-4m.
	72 7 1 day, or or or	min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
-	8. Trade, profession, or particular	Phone up D Cus de la Date of
NO	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	
PAT	9. Industry or business in which work was dona, as SILK MILL,	Cuch at as as alex,
3	SAW MILL, BANK, atc	
8	Data decassad last worked at this occupation (month and ) 11. Total tima (years) spart in this year) 000 coupation	4.0
12	BIRTHPLACE (city or town) Cleaple	Other Custributory Causes of importance:
12.	(State or country)	During Way
HER	13. NAME Opevell Water	
	14. BIRTHPLACE (city or town) Olia / zhie	Name of oparation Date of
FAT	(Stata or country)	What test confirmed diagnosis? Was there an au'opsy?
HER	15. MAIDEN NAME Sus an Horoke	23. If death was due to external causes (VIOLENCE) fill in also the following:
H	16. BIRTHPLACE (city or town). Charles	Accident, suicide, or homicide? Date of injury 19
MOT	(Stata or country)	Whare did Injury occur?
17.	INFORMANT Islia Claif	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
10	(Address)  BURIAL, CREMATION, OR REMOVAL	
16.	C and Pile 1	Mannar of Injury Nature of injury
19.	UNDERTAKER A CAMPACIAN AND AND AND AND AND AND AND AND AND A	24. Was disease or injury In any way related to occupation of deceased?
00	FILED (1-3-195) A V. Valore	(Signed) FRM V Calmur

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PERENT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

TION is very important.

of OCCUPA-

Exact statement

V. S. No. 1 Ä

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13244
1. PLACE OF DEATH	211:7)
County A. Macus	Registration Dist. No. 282
Village or City M. devicaed form	NoSt,Ward
(If Length of residence in city or town where death occurred 20 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? vrs. mos. ds.
2. FULL NAME Thomas Philmore, Com	00
TOLE MAINE	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Gurie the words	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct-1, 1915	I last saw h. 1911 aliva on flore 8 1955; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et
20 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tractured Scull Date of one of
Industry or hydrone in which	12 6 6 6 0 0 0 0 0 0
work was done, as SILK MILL, Wowter Garage, SAW MILL, BANK, etc.	With William Comfile Comfile Lever hort
To Date deceased last worked et this occupation (month and spent in this occupation occupation occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)	Half from motorcicle ficultarial
13. NAME Philmore Councils	
14. BIRTHPLACE (city or town) Levrence Course	Name of operation Deta of
(State or country) ST, Make Much	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Langley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) medleys reck	Accident, suicide, or homicide? Accident. Date of injury. Non 7, 1936.
(State or country) Af Mary (	Where did injury occur? On hubbled awall Bluenole
Charle Connelle	Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Addes Annual Toring	Λ
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Throner I from Instoructe
Place At Alexain Lemot Date Nov 9 , 1935	Nature of injury Gracewild scull with cerebil
10 HADERTANED Um P Metting &	24. Was disease or injury In any way related to occupation of decessed?
19. UNDERTAKER (Address) Lemand Drug Md	If so, specify
11/8 .35 (Danage.)	(Signed) 4 Freezewill M. D.
20. FILED 1955 Paristrar	(Address) Leonar altown had

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State-the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 4 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis : S S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.-

PHYSId. Exact

PLACE	OF	DEATH	
County 57	4	177 any	1
		,	

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 24

10 0	Registration Dist. No.
Village or City Machania (No.)  2FULL NAME Stie Com un foul	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME li- stead of street and street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  ACC 15 193 5
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attanded the deceased from
Dog 15 1935	100 15 192, 1 to Nov 15 , 197, 1:
(Month) (Day) (Year)	that I last saw ho tradive on bone 192,
7 AGE  If LESS than 1 day hrs. or min.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Tremolisa VI och
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Gurund Country  11 BIRTHPLACE	Contributory Secondary  (Duration)  (Signed)  (Signed)  (M. D.  (M. D.  (Address)  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, ec, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Calkenie of eur.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Bernard Curles!	Former or usual residence
(Address) Michaeles vella	Storaph Cherchi Rev 16, 1935
15 Filed No 16 1923 J. L. Jack Revistra	20 UNDERTAKER ADDRESS

If mora blanks ara needed, addra.s Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as the laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; i nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman." "Manager." "Deal-Civil engineer, Stationary fireman, etc. Physician, Compositor. Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement For many occupations a single word or term on Locomotive engineer, But in many

Strtement of Cause of Death—Name, first, the DISEA EA ECUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Linhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential and must be obtained before the certificate is

dswered in detail, it will prevent further correspondence.

permanently filed.

or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Паетоггhage," Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, atie), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. Example: Measles (disease taken. FOR VIOLENT DEATHS state NIEANS OF INJULY State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions or intercurrent) Chronic valvular heart disease; etc. The contributory affection need " Shock," not be

certificate.

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See instructions on back

TION is very important.

-WRITE PLA

ğ

V. S. No. 1

OCCUPATI

FATHER

MOTHER

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc....

10. Date deceased last worked at

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMAJION, OR REMOVAL

(State or country)

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

13. NAME

17. INFORMANT. (Address)

19. UNOERTAKER

(Address)

should state Every item of inforOECUPA-

jo

STATE OF MARYLAND	-CERTIFICATE OF DEATH 13246
1. PLACE OF DEATH	
County of Many	Registration Dist. No. 28/
Village or City Jank Hall	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Sonnie a Henrick	_mosds. How long in U.S. If of foreign birth?mosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED OR DEVORCED (write the word	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Lendon	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) under 1895	I last saw h. dativeleden death, 19 ; deeth is said
7. AGE Years Months Oays If LESS that I day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
No SAWYER, BOOKKEEPER, etc.	accide to December 11/1/2

11. Totel time (yeers)
spent in this
occupation 30 Neme of operation (Specify city or town, county and State)
NDUSTRY, In HOME, or in PUBLIC PLACE. Neture of injury 24. Wes disease or injury in env way related to occupation of deceased? If so, specify (Signed). Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PEC & 1685	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFALL V S	July 5,1927	Peritonitis	3 days ago
1				
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH MALL	172
County SV (WV)	Registration Dist. No.
Village or City ////////////////////////////////////	No. St., Wa (If death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence in city of town where death occurred 25-1-yr	smosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME X ROWS TOTAL (1)	raves
(a) Residence: No. 2 MDV9. (MM) (1)	St., Ward.
(Usua) place of about	
PERSONAL AND STATISTICAL PARTICUL	
Male 1.010R OR RACE S. SINGLE MARRIED, OR DIVORCED (agric	widowed, 21. DATE OF DEATH M. 25 (Year) (Year)
HUSBAND of	22.6 I HEREBY CERTIFY, That Jattended deceased to
(or) WIFE of Mynow V	1926 10 MM. 25 1935
DATE OF BIRTH (month, day, and year) May 27-	849 I last saw h. alive on NN-24 1935; death is so
AGE Years Months Days I	LESS than to have occurred on the date stated above, at L. c. 20.2, m.
	y,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
Trade, profession, or perticular kind of work done, as SPINNER,	The state of the state of the state of
SAWYER, BOOKKEEPER, etc.	CHUNNUE SHAMMUMM 6/1/3
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and )	ars) jo
2. BIRTHPLACE (city or town) / NOVGAMA, N	Other Contributory Causes of importance:
(Stete or country)	Will of MUNTAMUM
13. NAME (JULY) 14. BIRTHPLACE (city or town) 11. Typo Mygy (State or appartus)	1
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there an au'opsy?
16. BIRTHPLACE (city or town) I MAN (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT CLANATION (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL	7 36 Menner of Injury
Place Date Date	Nature of injury
9. UNDERTAKER VILLAMINAL JUNIA	24. Was disease or injury In any wey related to occupation of deceased?
(Address)	If so, specify
0. FILED/W. 70, 1936 (D: 12-) SYMMEN	(Signed) A A A M.
	Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC	1921	Run over by street car	1 week ago
Cerebral hemorrhage W. S.	July 5, 1927	Peritonitis	3 days ago
BU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

98 0

(Year) .....

ased from .. 192 d.

195 4

16

			1	0
Registration	Dist.	No.	2	20

Ward)

(If death occurred in a hospital or institution, give its NAME is stead of street

number.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	7700	37	, 1
7 I HEREBY C		th)(D	
at I last saw har	1929 to	2700 -	3
at I last saw hay	alive on2	Day - 1	40
d that death occurred to CAUSE OF DEATH			o, at
Cerebral	Hou	casta	gre a
Luced	f	and	ye
6 Crown		n) Gyro.	
Contributory	(Duratio	n) L4yre.	mos.

Secondary (Duration) .....yrs,.....mos,....

(Address) Cataloute &

\*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

in the At place of death yrs mos ds Where was disease contracted, if not at place of dea.h?......

usual residence

Former or

20 UN

DATE OF BURIAL

Village or Cityhan Mechanicavina

PERSONAL AND STATISTICAL PARTIC

5 SINGLE 4 COLOR OR RACE 3 SEX WIDOWED

OR DIVORCED (Write the word)

6 DATE OF BIRTH

If LESS than I day hrs.

7 AGE

ted EXACTLY sperly classifie ertificate.

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4

a

B OCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

10 NAME OF

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

RESERVED MARGIN

BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs,. Farm loborer, Loborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Grocery,

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sopeis, American Medical Association.) teldnus) may be stated under the head of "contributory." approved carpolic acid-probably suicids. The nature of the injury, Examples: Accidental drowning; Struck by railway trainoras probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Fuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the "" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 Ä

1. PLACE OF DEATH	(3)
County St Marys	Registration Dist. No. 257
Village or City Great mills	NDSt.,Ward
1.5	I death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca In city or town whera daath occurred	ds. How long in U.S. if of loreign birth?yrsmosds.
2. FULL NAME John Hobert Herries	If U.S. Veteran specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Susan Harrison	22. HEREBY CERTIFY, Thet I attended decessed from
0. 16 1842	I tast saw home elive on 28 1936 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 4.364 Am.
63 7 23 ldeyhrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of Importence
/   \   ormin,	were as follows:
8 Trade, profassion, or perticular kind of work dona, as SPINNER,	- DT
SAWYER, BDDKKEEPER, atc.	Chrome Valorin Kart Marase 1930
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc  9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc  10. Date decaasad lest workad at this occupation (month anil) year) year)  11. Totel tima (years) spant in this occupation	
CR LATE IL DR	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	- Indesident tophismus 1100
13. NAME  14. BIRTHPLACE (city or town)  Control or country)	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Keta Summer 16. BIRTHPLACE (city or town). Hughesorielle	23. If death was due to extarnal causes (VIOLENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town) Aughesville	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT Vista McRay (Addrass) Great Mills Mid	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Vola Sace Comeling Date Note C 1, 1935	Neture of injury
19. UNDERTAKER WM C Mettingley	24. Was disease or injury in any way ralated to occupation of deceased? No
(Addrass) Remarkton mo	If so, spacify
n-19 25 All 19	(Signed) M. D.
20. FILED Nox 29, 1935 Py Beauty Registrar.	(Address) freat Mills bed

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 8 1935	July 5,1927	Peritonitis	3 days ago
BUREAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

important.

ATION IS

PARENTS

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country) 10 NAME OF

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

Filed nov 17

(a) Trade, profession or particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)

7 AGE

WRITE

_	<b>±</b> #	1 <sub>PLACE</sub>	OF DEATH		
M	Exac		1- Marya:	******	
Q	Ssiffied.			ela (Nobritale	940
ECOR	d EXAC		1		Huggs
~~	cpe	PERSON	NAL AND STATIST	ICAL PARTICULARS	MED
ING	d he st y be pr ack of	3 SEX	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEA

how

(Month)

(Day)

TO THE BEST OF MY KNOWLEDGE

If LESS than

l day hrs or min.?

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 284

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

MEDICAL CER	TIFIC	ATE OF	DEATH	
		AIL OI		
16 DATE OF DEATH	Too	, 16		193.5
		ı)(I		
17 I HEREBY CERTIF	Y, Tha	t I attende	d the de	ceased from
192	to	Russ	we/	193.4
that I last saw har alive or	n	•	: - 7	, 19 <b>2</b>
and that death occurred on th	e date	stated abou	vo, at . / /	245 pm
The CAUSE OF DEATH * was	as folio	ws:		,
au gusia	1	)		
auguia,			(m)	
<i>i</i> (1	Duration	) vr		on di
Contributory 60	ono	ny 7	hron	stori
	Duration	) Yyn	n,	108de
(Signed) term	DI	eeko	ron	М. Г
(Signed) Com S Mw 17 1981 (Addres	s) to	Rose	och	House
*State the Discase Ca Violent Causes, state (1) Accidental, Suicidal or Homicio	using Means lal.	Death, or, of Injury	in dea and (2)	ths from Whether
18 LENGTH OF RESIDENCE ients or Recent Residents)	(For	Hospitals,	Institut	ions, Trans
At place of deathyrsmosds	3.	In the State	yrs	.mosd
Where was disease contracted,				

Former or usual residence

OR REMOVAL

DATE OF BURIAL

If more blanks are needed, address ttate Registrar, 16 W. Saratogg St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. state occupation at beginning of illness. If retired from busines, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Howemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the er," ete., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questo report specifically the occupations of persons en household only (not paid Housekeepers who receive a laborer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many oecupations a single word or term on or At Home, and children, not gainfully em-Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (6) Grocery,

Strtement of Cause of Death—Name, first, the disease of Death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicids. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underatie), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic etc. The contributory valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County INItary	Registration Dist. No. X 280
Village or City SP Amgaes	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Temb Lee	
10x ///	A
(a) Residence: No. (Usus place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or diverced HUSBAND of	
(or) WIFE of Jermilia del	22. HEREBY CERTIFY, That I ettended daceased from
6. DATE OF BIRTH (month, day, end year) Qua 1- 1860	I last saw has alive on ADV 2 1935: deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4-30 mm
75 two / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trada, profession, or particular kind of work done, as SPINNER,	Olseprock former Octo of onset
SAWYER, BOOKKEEPER, atc.	Japanysia of list stoy
Industry or business in which work was dona, as SILK MILL, Aures of farming SAW MILL, BANK, atc	of head afred fronty
10. Oata dacaased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 2	
12. BIRTHPLACE (city or town) State or country)	Other Cantributory Sauses of Importances Communication Schemes Services 5-4
1 13, NAME don't A Kome	
(State or country)	Name of operation Date of Date of What tast confirmed diagnosis! Physics at Sewas that an autopsy? Med
15. MAIDEN NAME Maria a Lofal - Know	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town). In Masya Co. M. d (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Joseph Lec. John Caddress)	Where did Injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place De Return Oate NOV / 9 ,1935	Nature of injury
19. UNDERTAKER Crenst Robinson (Address) Commeron Mcd	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Dor 18, 1935 Lydra J. Buch Registrar.	(Signed) A Horry a. M. D.  (Address) Lorra and form Mal
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 9) S. No. 8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1815	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Jan5,1938	Peritonitis	3 days ago	
	-//			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gustroenteritis	1 year	

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
county St. Many	Registration Dist. No.
Village or City Leonardtown md	No. St. many Thought St., Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAML instead of street and number)  Owles. How long in U.S. if of foreign birth?
2. FULL NAME Infant marshall	
(a) Residence: No. Loneville md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOV. 7
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attanded deceased from
	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) NOV. 7- 1935  7. AGE Years Months Days If LESS than	I last saw h; death is said
1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still ham
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation crupation	
12. BIRTHPLACE (city or town) Maulen 2	Other Coatributory Causes of importance:
(State or country)	Desta de Tra
13. NAME Olsa Reshard marshall	of what tolling
14. BIRTHPLACE (city or town) Mayland	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Tlacence Isalele George	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Flacence Isakele George 16. BIRTHPLACE (city or town) mary candle	Accident, suicide, or homicide?, 19, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT CA TO CARDON (Address) Love wells made	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Jeref S Date Nov. 7 ,1935	Nature of injury
19. UNDERTAKER Ira marshare	24. Was disease or injury in any way ralated to occupation of deceased?
(Addiess) Foreruly made	If so, specify
20. FILED 11/9 , 1955 Cacceaeur	(Signed) Clauseup C. Welch M. D.
Registrar.	(Addrass) Colembra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset		
Arteriosclerosis	HEGEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial neg		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	DEC 4 1935	July 5,1927	Peritonitis	3 days ago		
•						
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact

classified

certificate. properly

Jo

instructions

See

very important.

13 CAUSE mation

LION

OF DEATH

may back

plnods

supplied.

carefully

should be

-WRITE

OCCUPATION

FATHER

FOR BINDING

RESERVED

If U.S. Veteran specify WAR.

21. DATE OF DEATH

Ward.

22.

If nonresident give city or town and State

2. FULL I	NAME Infan	+ mca	ll
(a) Resi	dence: No.	(Usual place o	of abode)
PERS	ONAL AND STATIS	TICAL PARTIC	CULARS
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)
5a. If merried, w HUSBAND (or) WIFE			
6. DATE OF BIR	TH (month, day, end year)	er 7/30-	
7. AGE	Years Months	Days	If LESS than I day,hrs ormin.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

Date of onset

I HEREBY CERTIFY, That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

this occupation (month and spant in this occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town (State or country)

SAWYER, BODKKEEPER, etc.

11. Total time (years)

14. BIRTHPLACE (city or town) (State or country)

8. Trade, profession, or particular

Industry or business in which

kind of work done, es SPINNER,

work was done, es SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked et

MOTHER 15. MAIDEN NAME

13. NAME

17. INFORMANT.

16. BIRTHPLACE (city or town) (Stete or country)

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Neme of operation\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury Nature of injury\_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?\_\_ If so, specify \_\_\_\_\_

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	DEC 8 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	EURFAII V S	July 5, 1927	Peritonitis	3 days ago
		11		
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PL.

1. PLACE OF DEATH	
County G. Cuay	Registration Dist. No. 2-1-6
	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
,	ssds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME (W) have	Oliver
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH // 3, 193, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) //- 3-3)	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decasel sits worked at 11. Total time (years)	buth, I was
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)  12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State er country)	Dther Centributery Canses of importance:
13. NAME Martin Lamas Ofin	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Select Scoll	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LUCY about 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Washin Laman Cun's	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 1 - 3 - 193	Manner of Injury
19. UNDERTAKER Martin Lawar Chris (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11-3-1, 199) 70. V. Parray Registrar.	(Signed) / LM, V. accom M. D
Kegistrat.	(Address)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car CCHT 9 030	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		NO REPORTED TO THE PARTY OF THE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
4			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 11:0

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed us At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) busines, that fact may be indicated thus; Famer (reor given up on account of the DISEASE CAUSING DEATH definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease is a converse death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tobor pneumonia, Bronchopneumonia ("Pneumonia,");

approved telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepeis earbolic acid-probably succide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify al 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy traindiseases restling from childbirth or miscarriage as (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of by Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the eith is essential and must be obtained before the certificate is permanently filed.

<b>A</b>	3.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
•	RECORD.  Y. PHYSI  Exact stat
INDING	RMANENT X A C T L J classified.
FOR B	S IS A PE e stated E e properly f certificate
RGIN RESERVED FOR BINDING	G INK—THI GE should be hat it may be ns on back of
RGIN I	UNFADING supplied. And terms, so the
	NLY, WITH be carefully ATH in plain nportant. S
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13256
1. PLACE OF DEATH	Non
County A. Una	Registration Dist. No.
Village Dr City from Clama (H	ND. Many Mary St., Ward St., Ward death occurred in a hospital or institution, give its NAME insight of street and number)
	ds. How long In U.S. if of foralgn birth?dyrsmosds
2. FULL NAME JOON Haloe	
(a) Residence: Np. Jan 11/4 (reak (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garrie the word)	21. DATE OF DEATH  A same la 22  (Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	(1317)
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Rout 1847	0 W 13 ,1931, to Naw 22, 1931
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	wara as follows:  Description of the part
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this openation (month and/d) 2.//	6 MC MS 1 2 CV
9 Industry or business in which	L 4 2 C O
work was done, as SILK MILL, SAW MILL, BANK, atc	13 Pulmonity Henry
spont in this /	0011
12. BIRTHPLACE (city or town)	Dthar Contributory Causes of importance:
(State or country)	Coronary Sclerolic
13. NAME Junge 800	
14. BIRTHPLACE (city or town)	Neme of operation
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May	23. If daeth was due to externat causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, of homicide? Date of Injury, 19
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Am funge (op)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) & H Jung of HI	
18. BURIAL, CREMATION, DR REMOVAL Place 10. Seland Date 11/24, 1975	Mannar of injury
15463	Nature of Injury
19. UNDERTAKER W. C. Malling	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Planaeatom	If so, spacify
2D. FILED // 23 , 1935 (Occuration)  Registrar.	(Signed) (Address) (Aull) Lee 24 of
	2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis DEC 4 1935	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . Sall V. S	· July 5,1927	Peritonitis	3 days ago
The state of the s	ng ta sustantil		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13257
1. PLACE OF DEATH	
County of Manage	Registration Dist. No. 227
Village or City Jell Jember (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mee	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Japante Russell	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. if merried, widowed, or divorced HUSBAND of	
(or) WiFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
se las-	Nov 1 1935 , to hor 1 1935
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Month Days If LESS then	I last saw have distanced from Mary 1952 samples
7. AGE Years Month Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at
ormin.	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	P 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
9 Industry or husinges in which	semalense broth 11/1/32
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
yeer) occupation (month and spent in this	
12. BIRTHPLACE (city or town). Sell Tembers	Dther Contributory Causes of importance:
(State or country)	
13. NAME George Gussell	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	
15. MAIDEN NAME Social Shorter	What test confirmed diagnosis? Wes there an eutopsy?
P 1 11 00	23. if death was due to externel causes (ViOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide?
1 1 0 00	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CARAL CARACTER (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Tall Linkers, And Dete hor 1 1935	Neture of Injury
19. UNDERTAKER Group Russell (Address)	24. Was disease or injury in eny way related to occupetion of deceesed?
20. FILED. Nov. 1 , 1935 Africa Registrar.	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-

D. Every item of infor-

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH				

4	47	0	par	0
1	3	6	0	)

1. PLA	CE OF DEATH		(119)		
Cou	inty It Maria			Registration Dist. No. 28.1	/
	age or City	death occurred yrs.	No.  (If death occurred in a hospital or institut mosds. How long in U.S. if of	on, give its NAME instead of street and	
	Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town and	State
PE	RSONAL AND STATIST		MEDICAL CI	ERTIFICATE OF DEATH	Otale
3. SEX	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Month) (Day)	, 193 (Yaar)
HUSB (or) V	red, widowed, or divorced ANO of VIFE of F BIRTH (month, day, and year)	6-1-21.193U	22. I HEREBY	CERTIFY That I attended 1935, to War 8	dacaasad from
7. AGE	Years Months 7	Days If LESS that 1 day,		d above, at . M. P m. 'H and related causas of importance	Date of onset
12. BIRTHI	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (years) spent in this occupation	Other Contributory Causes of impo		10/4/35
월 13. NA	ME RTHPLACE (city or town) (State or country)	llens		Data of	
16. BIF	RTHPLACE (city or town) (State or country)	Conger Sylva Mont. Sellarg	23. If death wes due to external cau Accident, suicide, or homicide? Where did injury occur?	Was there an esses (VIOL ENCE) fill in also the following Date of injury	g: , 19
18. BURIAL Place 19. UNDER	TAKER LAM C Maidress)	hedsta from 9, 12:	Manner of injury  Nature of injury  24. Was disease or injury in any w  If so, specify  (Signed)		Les
20. FILED	NOV 7 , 196	Registrar	(Address)	& mills had	/

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Example I		Example II	
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Arteriosclerosis 6 185	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The William William of the Party			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

em	sho	9:	1
I UNFADING INK-THIS IS A PERMANENT RECORD. Every item	supplied. AGE should be stated EXACTLY. PHYSICIANS sho	in terms, so that it may be properly classified. Exact statement of C	see instructions on back of certificate.
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	TION is very important. See instructions on back of certificate.
N. B.—	п	9	5

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13259
1	. PLACE OF DEATH	(R) (R)
	County St. way	Registration Dist. No. 2.86
	Village or City Chather u	ND. St., Ward
		death occurred in a horpital or institution, give its NAME instead of street and number)  ———————————————————————————————————
1		os. now long til o. S. ii ol joreign birtir:yrsmosas.
2	. FULL NAME fluis Dun	minele
	(a) Residence No. Cuaful (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	u ale eve OR DIVORCED (write the word)	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
	DATE OF BIRTH (month, day, and year) 9-13-1929	I last saw h alive on 1 2 4 ,19.5 ; death is seid
_	DATE OF BIRTH (month, day, and year) 7 - 13 - 1 C - 1 AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6
	/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	8. Trede, profession, or particular	were es follows:  Date otonset
O	kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	1000 163
PAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Thind of accident: not definitely known.
OCCUPATION		Probably a fall - while blaying - at
0	10. Date decaased last worked at this occupation (month any year) 11. Total time (years) spent in this occupation	school of curte of
	Ole and	Othar Contributory Causes of Importanca:
12.	BIRTHPLACE (city or town) (State or country)	dy annale?
<b>a</b> :	13. NAME anes Cummille	at fundamental
FATHER	Marie Car	None of countries
FA	14. BIRTHPLACE (city or town)	Name of operation Dete of Was there an au'opsy?
ER	15. MAIDEN NAME US as Lacked	23. If death was dua to external causes (VIOLENCE) fill in also the following:
MOTHER	16 DIDTUDI ACE (situ or Anum)	Accident, sulcide, or homicide? Accident. Date of injury in Revenue; 1935.
M	16, BIRTHPLACE (city or town) (State or country)	Where did injury occur? probably at school
17	INFORMANT Jany Survey	(Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17.	(Address)	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury probably due to a falle
	Place Date / Date / 19 S	Nature of injury
19	UNDERTAKER EM gener bhall	24. Was disaase or injury In any way related to occupation of daccasad?
	(Address) Quad	If so, specify
20.	FILED 41-21- 1935 11. V. Paleur	(Signed) / W. J. M. D.
	Registrar.	(Address) UNIC Company of the Compan
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	1 5	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FERMES	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 6 1953	July5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

)	item of infor-	should state	of OCCUPA-	1
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BINDING	PERMANENT F	EXACTLY.	ly classified. E	ite.
ED FOR	HIS IS A I	be stated	be proper	of certifica
RGIN KENEKVED FOR BINDING	ING INK-T	AGE should	o that it may	tions on back
RGIN	TH UNFAD	lly supplied.	plain terms, s	See instruc
•	LAINLY, WI	ald be careful	DEATH in p	TION is very important. See instructions on back of certificate.
	-WRITE P	mation shot	CAUSE OF	TION is ve

B.-WRITE PLAIN

V. S. No. 1

County St Mens	Registration Dist. No. 281
Village or City Seathand	No. St., Ware
	If death occurred in a hospital or institution, give its NAME instead of street and number)  S
2. FULL NAME William Gleba ton Who	te
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Black Name OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, of divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Lucinda White	no 12 195 10 Por 22 1935
6. DATE OF BIRTH (month, day, and year) lenkersons (842	I last saw ban alive on 24 , 1935; death is sai
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 10.72 Am.
93   unknown or nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trede, profession, or particular kind of work done, es SPINNER,	
SAWYER, BDDKKEEPER, etc	Usending bring tract
work was done, as SILK MILL, SAW MILL, BANK, etc	infection 191/35
kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	Themse to be all post to
13. NAME white	gland 1928
13. NAME White  14. BIRTHPLACE (city or town) hilly	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? La-
15. MAIDEN NAME Man Bernes  16. BIRTHPLACE (city or town) Ridge	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ridge	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Assinda White (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place At Jukes Comely Date Nov 24, 1935	Nature of injury
19. UNDERTAKER E. L. Robinian (Address) Dameson hid	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Nov. 22, 1935 Pof Sean had Registrar.	(Signed) Address) Great hell His

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis DEC 6 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

7	No.	1	
ı	M		1
-1	Y		1
		J	,

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state J.C.D. Every item of infor-Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC properly classified. CAUSE OF DEATH in plain terms, so that it may be

RGIN RESERVED FOR BINDING

		(73-2)
County St.	ary )	Registration Dist. No. 2 / 6
Village or City Cles	news	No. St., Ward
		Il death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurred (yrs, /)mc	is 2.0 ds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME	us Jou	ry,
(a) Residence: No.	mest	St. Ward.
DEDGONAL AND STATISTICS	(Usual place of abode)	If wonresident give city or town and State
PERSONAL AND STATISTIC  3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIOOWED OR DIVORCED (write the work)	21. DATE OF DEATH  (Month)  (Ody)  (Yodr)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G	L4-71	22. I HEREBY CERTIFY, That I attended decessed from
The state of the s	To the	19, to
B. DATE OF BIRTH (month, dey, end year)	-1-1563	l lest sew h eliva on 19,3 geath is se
7. AGE Yeers Months	Days If LESS than I dey,hrs	to heve occurred on the date steted above, et
1	ormin.	were as follows: Oat Oat Oate of one
S. Trede, prolession, or perticular kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc	min	Curacy specty 11-11-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0	
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spant in this occupetion	
00,1	MIN	Other Contributory Causes of importance:
IZ. BIRTHPLACE (city or town) (State or country)	ud	Chin y dearder
13. NAME albert	Bucin	
	ment	Neme of operation Dete of
14. BIRTHPLACE (city or town)	well	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CLARA	young	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). C. U.S.	new of	Accident, suicide, or homicide? Dete of Injury19
(Stete or country)	lunds	Where did injury occur?
17. INFORMANT & light about	tyring	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	3 44	Menner of injury
Plece Storefter	Dete / 1 - 23 - , 193	
19. UNDERTAKER 2 glu (Address)	- Italy	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 1 = 2 = 1935 + Cst	1-12 Palum	(Signed) Pablic O. Paline M.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:	2)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year